

What Does Your Child Eat?

Circle the foods your child *eats* every day or at least 3 times per week:

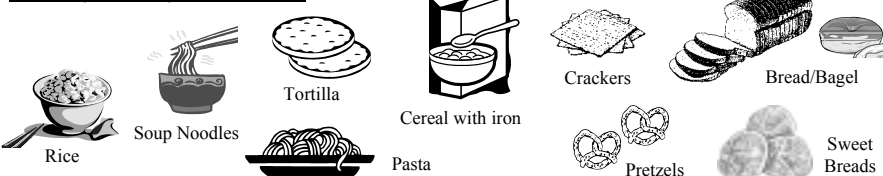
Baby Foods



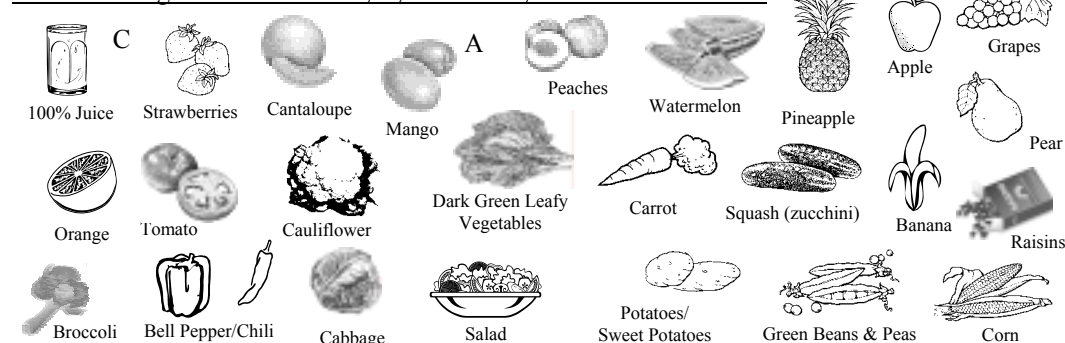
How does your child feel about mealtimes?



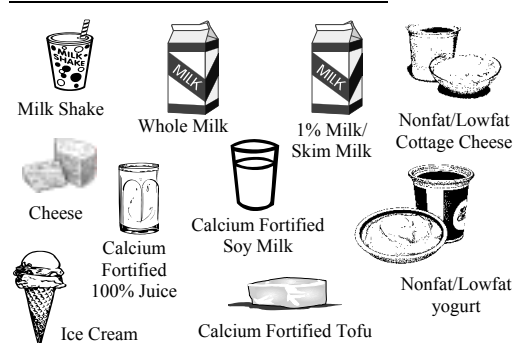
Breads, Grains, and Cereals



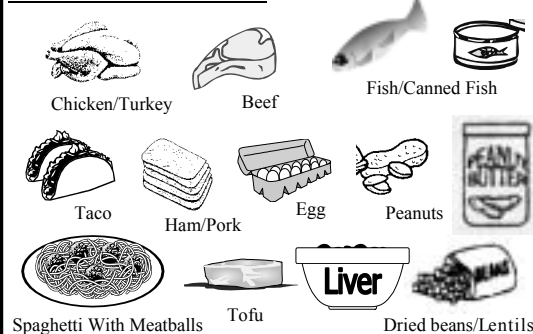
Fruits and Vegetables/Vitamin A, C, Folic Acid, and Fiber Rich Foods



Milk Products/Calcium Rich Foods



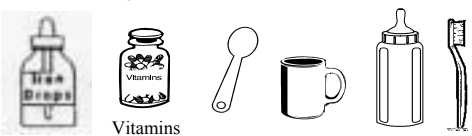
Protein/Iron Rich Foods



Other Foods



Circle if baby/child uses:



Circle if your baby or child receives food from:

Food Stamps School Lunch Head Start WIC

Circle activities your baby or child does every day.



Drinks water?



Office Use Only

Feeding milestones to check/visit

Baby: Birth to 24 months

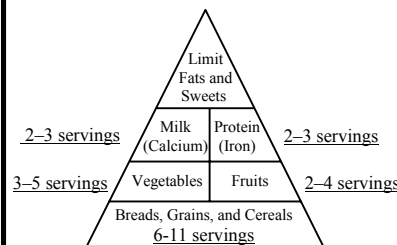
Yes / No

- ☐ ☐ Breast-fed 8–12 times/24 hours during early weeks of lactation OR every 3–4 hours/day for older infants?
- ☐ ☐ Formula-fed w/iron no less than 20 ounces/day? Correct dilution?
- ☐ ☐ No honey/Karo Syrup until 1 year?
- ☐ ☐ 4–6 months: Start on baby cereal with iron?
- ☐ ☐ 5–7 months: Start on pureed vegetables and fruits?
- ☐ ☐ 6–7 months: Drink from a cup?
- ☐ ☐ 6–8 months: Start on pureed or ground meat, i.e., poultry, beef, pork, fish, egg yolk, beans, tofu?
- ☐ ☐ 7–9 months: Eats finger foods and mashed/chopped foods, NO grapes, nuts, popcorn, hotdogs, hard candy?
- ☐ ☐ 1 year: Drinks regular milk no less than 16 ounces/day?
- ☐ ☐ 9–12 months: Feeds self, joins family meal and snack times?
- ☐ ☐ 12–24 months: Eats variety of foods: small portions, i.e., 1–2 Tbsp., ½ c juice, ½ slice of bread.

Child: 2 to 8 years

Yes / No

- ☐ ☐ Eats recommended variety and amounts of foods daily for age from the food guide pyramid?



Mealtime/Others:

Yes / No

- ☐ ☐ Set meal and snack times?
- ☐ ☐ Brush teeth by himself at 5 years?
- ☐ ☐ Good food supply?
- ☐ ☐ Takes vitamins, iron, or fluoride?
- ☐ ☐ Growing normally according to his/her growth patterns?
- ☐ ☐ Does child play with or eat dirt, plaster, clay, and paint chips?
- ☐ ☐ Any food intolerances or allergies? _____
- ☐ ☐ Referral for identified nutrition problem? Where? _____

Activity:

- ☐ ☐ Actively plays everyday, i.e., running, biking, sports, 1 hour/day?
- ☐ ☐ TV viewing: 2 hours or less/day?

Child's name: _____ Record #: _____

Age: _____ yrs. _____ mos. Wt: _____ lbs. Ht: _____ in. Date: ____/____/____